



CONGRESSMAN RAUL RUIZ, M.D.
CASEWORK AUTHORIZATION FORM

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In accordance with the Privacy Act of 1974, I hereby authorize Congressman Raul Ruiz, M. D. and his staff to gain access to my files in order to assist me with the issue described below. I understand that Congressman Ruiz's work is provided free as a public service and that no one may charge a fee to gain access to his office. I certify, under penalty of perjury, that 1) I provided or authorized all the information in this privacy release and any document submitted with it; 2) I reviewed and understand all the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

_____ PRINTED FULL NAME	_____ SIGNATURE	_____ DATE
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HOME ADDRESS: _____

E-MAIL: _____ PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

FEDERAL AGENCY INVOLVED: _____

DO YOU WANT YOUR CASE DISCUSSED WITH ANYONE ELSE? IF SO, WHO? _____
(I.E. SPOUSE/RELATIVE)

WHERE DID YOU HEAR ABOUT OUR CASEWORK SERVICES? _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR ISSUE. PLEASE ATTACH A COPY OF YOUR PHOTO I.D. ALONG WITH **COPIES** OF ANY RELEVANT DOCUMENTS (NO MORE THAN 10 PAGES).

Please return to the office via mail or email to ConstituentServices@mail.house.gov or fax to 760-424-8993. If you fax or mail the form it will add processing delays. Make sure to call the office to confirm fax was received.